

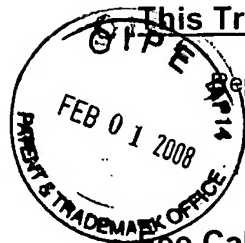
# TRANSMITTAL FORM AND FEE TRANSMITTAL

A/H  
TW

|                      |                  |                           |            |
|----------------------|------------------|---------------------------|------------|
| Attorney Docket No.: | RD 001-1         | First Named Inventor (a): | Reed       |
| Application No.:     | 10/734,868       | Filing Date:              | 12/12/2003 |
| Examiner:            | Marsh, Steven M. | Group Art Unit:           | 3632       |

(a) Where an inventor is not named, alphanumeric identifier provided in lieu thereof.

## This Transmittal Sheet is accompanied by



Reply to the Office Action mailed 10/18/2007, Request to Correct Inventorship, Substitute Specification in clean form without markings, Substitute Specification with markings showing changes, replacement drawings (1 sheet), annotated drawings (1 sheet), check for \$60.00, and an Acknowledgement Postcard

## Fee Calculations -- Applicant is a small entity

### Excess claim fees

|                           | No. in Specifica-<br>tion or after<br>Amendment | No. Included in<br>Filing Fee or Pre-<br>viously Paid For | No.<br>Extra (b) | Applicable<br>Fee | Fee<br>Paid |
|---------------------------|---|---|------------------|-------------------|-------------|
| Total Claims              | 16  | - 25 =  | 0                | x 50/25 (ea)      |             |
| Independent Claims        | 3   | - 6 =   | 0                | x 200/100 (ea)    |             |
| Subtotal Extra claim fees |   |   |                  |                   | (\$)        |

### Additional fees

|                               | Fee Paid |
|-------------------------------|----------|
| Extension for Reply (1 month) | 60       |
| A Subtotal Additional fees    | \$ 60.00 |

### Total Fees

|                      |          |
|----------------------|----------|
| Total Fees Submitted | \$ 60.00 |
|----------------------|----------|

A check for \$60.00 is attached

## Authorization to Charge Deposit Account for Additional Fees

The Assistant Commissioner for Patents is hereby authorized to charge any additional fees required under 37 CFR §§ 1.16 and 1.17, and credit any overpayments to, the following deposit account.

Deposit Account No: 19-2090 Deposit Account Name: Sheldon Mak Rose & Anderson

This sheet is transmitted in duplicate.

## CERTIFICATE OF MAILING UNDER 37 CFR

### 1.8

I hereby certify that this correspondence is being deposited with United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

On January 29, 2008  
certificate: T. H. P. Richardson

Typed name of person signing this

Signature

*T. H. P. Richardson*

Respectfully Submitted

*T. H. P. Richardson*

Name T. H. P. Richardson  
Tel. No. 650-854-6304  
Fax No. 650-854-2384  
Address 1055 Trinity Drive  
Menlo Park  
CA 94025

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